

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. 16-51124

Debtor Clayton H Mendell SS# xxx-xx-5054 Median Income ☐ Above ☒ Below
 Joint Debtor Theresa M Mendell SS# xxx-xx-8166
 Address 122 Gandy Circle Long Beach, MS 39560-0000

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ 352.63 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

(B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS.

Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	\$	<u>0.00</u>	@	<u>0.00</u>	/month
Mississippi Dept. of Revenue:	\$	<u>0.00</u>	@	<u>0.00</u>	/month
Other/ _____	\$	<u>0.00</u>	@	<u>0.00</u>	/month

DOMESTIC SUPPORT OBLIGATION DUE TO: _____

-NONE-

POST PETITION OBLIGATION: In the amount of \$ per month beginning .

To be paid _____ direct, _____ through payroll deduction, or _____ through the plan.

-NONE-

PRE-PETITION ARREARAGE: In the total amount of \$ through shall be paid the amount of \$ per month beginning

To be paid _____ Direct _____ through payroll deduction _____ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO: -NONE- BEGINNING _____ @\$ _____ PLAN DIRECT
 MTG ARREARS TO: -NONE- THROUGH _____ \$ _____ @\$ _____ /MO*
 (*Including interest at %)

